A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02662

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Calvert	State Maryland County Cecil
City or town	State County County
How long in above place of death?	City or lown
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Anderson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Single	
1 10 2020	20. DATE OF DEATH 3 - 25 19.50 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Sept 1947, to 2006 1948
deceased (mo., day, yr.) (NO RECORD / A SOUX 1868 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
o, Ada.	
ADOGO	
9. Birthplace	. Due to. Sc -
dia .	
10. Usual occupation	Due to My O Coul. L's Chargie
11. Industry or business	
Henry Anderson 12. Name Henry Anderson Scotland	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name Agnes 15. Birthplace Scotland	
Scotland	Major findings of operations.
16. Informant Puliary Mr. alister	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Oxford Pa	
Burial Burial March 28-4 (Burial, cremation, or removal, Which?) Date thereof March 28-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rosebank Calvert Md	Where did Injury occur?
Location Calvert MA	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	Emotod NI. r
Address Rising Sun Md	23. SIGNATURE / March 2 f. m.l.
my - 48 Emmontain	M. D. or other
(Date rec'd by registrar)	Address 18 - F Dos. 5 - 1 Bate signed 3-25-48

MAR 29 1948

RUREAU V. S.

02663

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$ \perp$	21/	44 4			OI.		

Reg. Dist. No. 92

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Childs			••••••	state Maryland county Cecil		************
(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	City or town Perryville, Rural (If outside city or town limits, write RURAL and give nearest town)		
How tong in above place	ce of death?	/ IV.Q1	ntns	(if outside city or town limit	is, write RURAL and give near	est town)
Hospital, Institution, C	or street address where	seath occurre	q:	Street No.		
			***************************************		e LOCATION)	
	or Institution?		······································	2.(a) it veteran, name war		
3. (a) FULL NAM					3. (b) Social Security N	lumber
			Blackson		212-16-804	5
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	I	Married	20. DATE OF DEATH MOSC	L 25 1048	8 A.
6.(b) Name of husband	d or wifeLOI	iella	Blackson	21. I CERTIEY that death occurred on the date at		
	***************************************	6. ((c) It alive, give ageyears		48 10 march	
7. Birth date of deceased (mo., day.			4, 1873	and that I last saw hamminalive on3/	2 3	19
8. AGE: Yea		Days	If less than one day	Immediair cause of death		DURATION
74		21	hrs min.	Colonale occu	scow	*****
	-					******************
9. Birthplace	Cherry H.	county, and	Cecil Co., Md.	Due to.		***************************************

			Health. Retire	Due to		************
	Aaror		ackson	B - 0 -		
12. Name			*	Other conditions	· · · · · · · · · · · · · · · · · · ·	***************************************
	vec:	LI CO.	Md.	(Include pregnancy within 3	months of death)	
王 14. Maiden name	Me	ry	Manan	Major findings of operations		
14. Maiden name		Cecil	Co., Md.	injoi naunge of operation		
16. Informant	Louella	Blac	ekson	Autopay results		
	Childs, C			PHYSICIAN: Please underline the cause to w	hich death should he charged st	atistically.
			,	22. VIOLENCE: If death was due to external ca	iuses, till in the tollowing;	
(Burial, crematio	on, or removal. Which?	Date the	reol March 28, 1948 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Principio				Whers did injury occur?(City or town)	(County)	(State)
			nace Ma	Injured at home, farm, industry, public place ((State)
Location Principio Furnace, Md.				Means of Injury	Injured at work?	
18. Funeral director Lella, Callenary + Sent				A		
Address Perryville, Md.			Id.	23. SIGNATURE Weebe	+ Sales he	A.
19 Mar	76 1948		FR Frazes	Carren-	m. D. or	3/2 6/4
(Date ree'd by r	registrar)		Registrar	Address	Date signed	

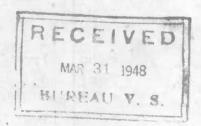
MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, v is especially i

WRITE

PLEASE



CERTIFICATE OF DEATH

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1	1	0	13	Z.

CIS			1	-
Reg.	Dist.	No.	7	

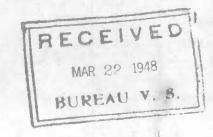
1. PLACE OF DEATH. County City or town. (If outside city or town limits, write RURAL and give genrest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother) State
3. (a) FULL NAME Mannie C	200 3. (b) Social Security Number
5. Color or race 8. (a) Single, married, widowed, or divorced Authority 8. (b) Name of husband or wife Roll Celli 8. (c) If alive, give age 2. 7	MEDICAL CERTIFICATION 20. DATE OF DEATH 2000 18 1946 at 4.35 P. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth place (mo., day, yr.) October 30, 19/4 8. AGE: Years Months Days If less than one day 4 17	Immediate cause of death. OurATION Due to.
10. Usual occupation	Due to
14. Maiden name 27 any Satruckelle. 15. Birtholace # 15. Celli Address 1344 Courth of Phila; Pa 17. Buril & Ramoral - Date thereof, Mary 19, 48.	Major findings of operations
Cemetery or crematory. Location. 18. Funeral director. Address.	Where did injury occur (Gity or town) Injured at nome, farm, industry, public place (where?) Maans of injury County (State) M. D. or other
(Date rec'd by registrar) (Bate rec'd by registrar)	Address Claury Sun My Date Shed 18-48

WRITE PLAINLY, WITH CINFADING INK. Supply every item of information carefully. The case especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

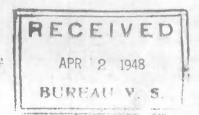
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02665

			9	2
Reg.	Dist.	No.		

1. PLACE OF DEATH: PLACE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
City or town	State Maryland County Clark
How long in above place of death?	(if outside city or town limits, write RURAL and give nedest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
tarry Xelbell Darco	none
Sex Stolor of cace 6.(a) Single, married, widowed, or divorced	Medical Certification Marel 26 .45 11.P
Amie Carretto	20. DATE OF DEATH
6.(b) Name of husband or wife 4.00 to 1.00 to	100 1- 10 18 10 Mar 26-1048
7. Birth data of deceased (mo., day, yr.) Oct 30-1862	and that last asw harm alive on March 26 1948
8. AGE: Years Months Days It less than one day	Cardio Pasaular- Floral Assessabout 14 res
00 4 28min.	
9. Birthplace (Town, county, and otst)	Due to
1B. Usual occupation. Harring Return	Due to
11. Industry or business	James - O all 1 1/2 comparan
12. Name. Danks Marks 13. Birthplace () Maryland	Some Colordal andre How And
	finctude pregnancy within 3 months of death)
14. Marten frame Louise Network 15. Bitthplace Copland	Major findings of operations. Date of op.
18. Informant Mr. 5. Ed. D. Hillyard	Autopsy results
Address Eldon, Mrs RD5	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, aulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Chang Itale Manda	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Msens of Injury Injured at wirk?
Address That Soft make	23. SIGNATURE A SI TONIGHT
19. May 30 19 48 FILTERS	Address Elklon - Ma Date signed 127/48
[[Date ree d by registrat)	Manicag



PLBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information caref is especially important. Physicians: please write the causes of death clearly a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02666

CERTIFICATE OF DEATH

Rog. Diat. No...

1. PLACE OF DEATH: C . O	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	2.1
City or town	Met 2nd
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 210 E High ST
210 E High ST	(If rurnl, we LOCATION)
Now leng in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Boby Richard Jarry O	rederick.
4. Sex 5. Color or race 6.(c) Singla, married, widowed, or diffred	MEDICAL CERTIFICATION
m. wh single.	20. DATE OF DEATH Merch 9 1948 21/0:30 ALM
	21. LOERTIFY that death occurred on the data above stated; that I attended decaased from
6.(b) Name of husband or wife	John 7 19 48 10 March 9 10 4
	and that I last saw harmonicalive on Manual &
7. Birth date of deceased (mo., day, yr.) Mov. 7. 1948.	Immediate cause at death
8. AGE: Years Months Days it less than one day	Con su lavino (Idan
2 /2min	
806t 2nd	Due to Underlying cause not established
9. Sirlhplace(Town, county, and state)	[5/4/48 Oke]
10. Usual occupation	
	Due to
11. Industry or business	
12. Name	Dither conditions
2 13. Birthplace Marth Cost, Ma	(Include pregnancy within 3 months of death)
14. Malden name Dorris Jackson 15. Birthpiace Elfeton Hid	Major fiadings of operations
5 15. Birthplace Elleton, Mid	Oate of op.
Delin and producedo	Autopsy results
10. Info:mant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Elfeton, ma	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial cremation, or removal, Which?) Data thereof (month) (day) (year)	Accident, suicide, or homicide
FORT	Where did injury occur?
Cemetery or crematory	
Location Cleton Mil	Injured at home, farm, Industry, public place (where?)
18. Funoral director Hwthepen	Maans of injury Injured at work?
606H 2-1	(10)
Address Clifton, 111	23. SIONATURE
10 Mar 10 19 48 Ill Irazer	
(Date rec'd by registrar) Registra	Address Date signed Date signed

MAR 17 1948 BUREAU V. 3.

02667

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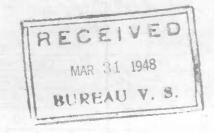
CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County. County. City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Style, married, widowed, or divorced J. Wh Married 8.(b) Name of husband or wite Joseph Grahawskie	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH. 21. I CERTIFY That death occurred on the date above stated that attended deceased from 19.418, 10. Manch 27, 10. 48
T. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace	and that I last saw h
12. Name. 13. Birthplace 14. Malden name. 15. Informant. 16. Informant. 17. Daylow Charles and Ch	Diher conditions (Include pregnancy within 3 months of death)
Address - Clean Bate thereof Discounty (wear) 17. (Eurial, cremation, or removal, Which?) Cemetery or crematory Class (month) (day) (year) Location Class file file Company 18. Funeral director Plants Address Oleton Incl.	22. VIOLENCE: If death was due to external causes, till le the following; Accident, suicide, or homicide
19. March 29.19.49 FR Frager (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE M. D. or other Address 202 E. Wain St. Date signed 3/29/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLAINLY, is especially

WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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7	96
Reg Dist N.	2 70

CERTIFICAT	TE OF DEATH Reg. Dist. No. 96
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1315 W. Fayette Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME MARY A. M. HACKER	3. (b) Social Security Number
Female White Wid.	MEDICAL CERTIFICATION 20. DATE OF DEATH March 18th 19.48 212:55 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 9th 19 48 to March 18th 19 48 and that I last saw 182 alive on March 18th 19 48 Immediate sause of death DURATION
73 6 12	Carcinomatosis, diffuse abdominal 1 months Due to
12. Name Unknown 13. Birthplace Unknown 14. Maiden name Unknown 15. Birthplace	Other conditions Arteriosclerosis, Unknown generalized (Include pregnancy within 3 months of death) Major findings of aperations Same as above Date of op. 2-20-48
Address VAH, Perry Point, Md. Removal Date thereot 3-18-48 (Burial, cremation, or removal, Which?) Cemetery or crematory. Greenlawn Cemetery Location Cambridge, Maryland 18. Funeral director Cambridge, Md. Address Havre de Grace, Md. 19. Maryland Cambridge Cam	Antopsy results. No autopsy PHYSICIAN: Please underline the cause to which death aboutd be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide



MAR 19 1948
BUREAU V. 8

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

02669

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME (For newhorn infants give residence	E) OF DECEASED:	
County Cecil City or town (If outs			:URAL and give nearest town)	State	TC	
How long in above place of	death?	Years		City or town (1f outside city or town	limits, write RURAL and give n	earest town)
Hospital, institution, or str	reet address where	death occurred	l:	Street No.		
				(If rural,	, give LOCATION)	
How long in hospital or in	stitution?			2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	y Number
***		Tallar				
	ery J. I	latey	e, married, widowed, or divorced		none	
4. Sex	5. Color of race				CERTIFICATION	- 0711
Male	White	Ma	arried	20. DATE DE DEATH. Mara	1 71 48	11/ -/ H
				ZU, BAIC BY BEATH		to a disconnection of the second
6.(b) Name of husband or	wife	**************		21. I CERTIFY that death occurred on the da	te above stated; that I attended dec	coased from
offer hame of message				SILINA 10	19 4 8, 10 Myn	19.7.0
7 Birth date of		6. (c) If alive, give ageyears	and that I last saw h & A Analive on	me - 1 32	19.6
deceased (mo., day, yr.)	July	21 18	73			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	· Carbin -	
			hrs. min.	for the same		34011
74				organia al	Alah La	
9. Birthplace	Penna.			Due to.		9
3. Diftiiplace	(Town,	county, and	state)	\$ days		
10 Heural occupation	R	etire	d Farmer			
				Due to	***************************************	*****
11. Industry or business						2 weeks
12. Name	atrick	Halev		Other conditions A. C. C. C.	R.	
12. Name Patrick Haley 13. Birthplace Ireland				Undulying cause: nep	livitio (associated	will
			1 7	Include pregnancy with	hin 3 months of death) Colum	E4/26/48 ake
14. Maiden name	Marya	nn yu	igley	Major findings of operations		
O 15 Bi-theires	T	reland	1	major nucleage of operation		
16. Informant	harles	laley		Actopsy results	A self-death about he about	d statistically
Address	Cec	ilton	MD.			eu statisticany.
				22. VIOLENCE: It death was due to exfere	nal causes, fill in the tollowing;	
17Buri	al	Date the	reof March 24 1948	Accident, suicide, or homicide	Date of	
Cemetery or crematory	Galer	121		Where did injury occur?(City or to	own) (County)	(State)
Ineation	Galo	ena MI),	Injured at home, farm, industry, public pla	ice (where?)	
				Means of injury	Injured af work?	
18. Funeral director	Edward	LRel.l	OWS	11		1
Address	M	illin	gton MD.	- //	NDann	MW
			201	23. SIGNATURE) M. I	O. or other
19. Mar 2	V 1948		1 (Julyan	- Cherrech	och Whate signe	3/2/148

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NAME OF STREET

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MAR 24 1948

BUREAU V. S.

CERTIFICATE OF DEATH

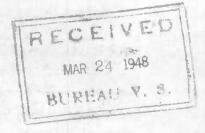
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Rog.	Dist.	No.	9	7

2411 N. Cha	arles St., Baltimore 13/N
CERTIFICA	ATE OF DEATH
iounty. City or town. (If outside city or town limits, write RURAL and give nearest town) Jow long in above place of death? Josephal, Institution, or street address, where death occurred: Lineary Long Laboratory Colleges Jow long in hospital or institution? Saland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For fi) whom infants give residence of mother) State County Count
3. (a) FULL NAME Marcha ann Hardeng	3. (b) Social Security Number
4. Sep 5. Color or race 6.(a) Single, married, widowed, or divorced Honola While Westerne	MEDICAL CERTIFICATION 20. DATE OF DEATH MOSCL 21 1948 31/2.52
8. AGE: Years Mighths Days If less than one day 9. Birthplace	Immedia cause of death Various - Davellus Panal Unance Due to. Due to. Due to. Due to.
12. Hame	Unclude pregnancy within 3 months of death) Wajor findings of operations
16. Intermant Mas Edwin Filten	Aatopsy results
17 3-25-/9 (Burial, cremation, or removal, Whichi) Cametery or crematory (Burial, c	22. VIOLENCE: If death was due to external causes, flit in the following: Accident, suicide, or homicide
Location Salph Red	Means of Injury Injured at work?
19/Mer 2 19.48 FR Frager (Date rec'd by registra) (Date rec'd by registra)	23. SIGNATURE. M. D. or ofher M. D. or ofher Address Elkion - Ond Date signed / On A

MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

02671

2411 N. Charles St., Baltimore 830 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)		
County	(For newborn infants give residence c	of mother)	
City or town Children - Me	State // C	County County	
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town	on - 72	
How long in above place of death?	(If outside city or town lim	its, write RURAL and give nes	reat town)
Hospital, Institution, or street address where death occupted:	Street No.		
Union Hosp.		ve LOCATION)	
How long in hospital or institution? 17 days	2.(a) if veteran, name war		
3. (a) FULL NAME		1 2 (1) 6 : 16 : :	N - L
S. (a) POLL HAME		3. (b) Social Security	Mamper
my Trances Harrison			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL (CERTIFICATION	1
Lemila meda 111. sour	marc	1.94 45	1
Florice nego Widow	20. DATE OF DEATH.	6 00 19 TO	1 6.00
(1) Name of husband or wite Edwards Harrison	21. I CERTIFY that death occurred on the date a		
Name of houseand of wife-	masch 3	948 10 March	30 ,40
7. Birth date of Asia Control of the state of th	and that flast saw h Lalive on		1943
7. Birth date of deceased (mo., day, yr.) OCK 12-1564			
8. AGE: Years Months Days It less than one day	Immediate (n)e of death	000/	DURATION
52 4 17	and the department of the depa	morriages	
02 0 10hrsm	in. well floor	La Marca	17243
9. Birthplace Maryland	Due to	/ 4	
Gown, county, and atate)		•	
10. Usual occupation Abusewy	Millersteles	MLA	
	Due to.		
11. Industry or business		••••••	
12. Name Unknown	Other conditions		
13. Birtholace			
# unknown	(Include pregnancy within	3 months of death)	
14. Maiden name Austonown 15. Birthplace	Major findings of operations		
S 15. Birthplace			
Va O Sylandia.			
16. Interment	Actopsy results		
Address 1003 S. Dorrang St Thila . To	d,		
Q . A H 2 HC	22. VIOLENCE: If death was due to external of	causes, fill in the following;	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of	
Coci Mt	Where did injury occur?(City or town		
Cemetery or crematory 2000 ma	(City or town	(County)	(State)
Location	Injured at home, farm, industry, public place	(where?)	••••
ant. a C.AK	Means of injury	Injured at work?	
18. Funeral director.	··· Un ord or	N)	
Address 827 Pine St Wiln Del	/ Him	XX	
P. 10 10 7-117	23. SIGNATURE	M D.	or other
19 cprit 2 19 48 - 1 Draze	6/5/m-	me	3/20/115
(Duto rec'd by registrar) (Registr	rar Address Line	Date elegan	

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MARYLAND STATE DEPARTMENT OF HEALTH

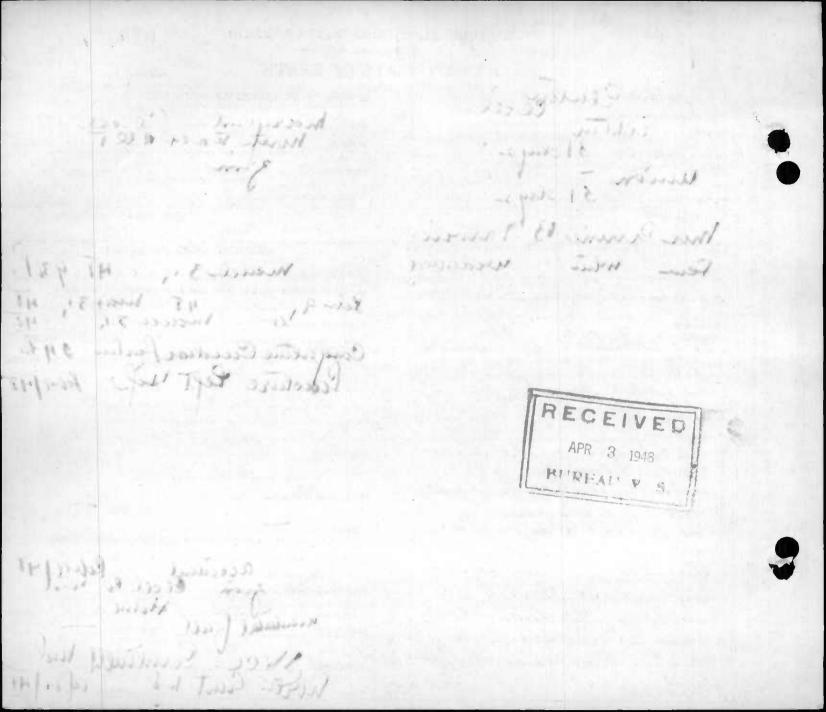
2411 N. Charles St., Baltimore

02672

CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State June Percel County County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, inelitution, or street address where death occurry:	Street No.
51 Club	2.(a) if veteran, name war
How long in hospital or institution?	
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	THE PROPERTY OF PRINCIPLES
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tem water	20. DATE DF DEATH 19
8.(b) Name of husband or with faller & truck	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jel 4 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 11
7. Birth date of deceased (mo., day, yr.) Fife 6 1872	and that I last saw h
8. AGE: Yeare Monthe Days If less than one day	Immediate cause of death
7 /2hrsmin.	
Then an Da	League Cell Ju; RelaINX
9. Birthplace (Town, eounty, and state)	Due toext
10. Veual occupation of House	Due to
11. Industry or businger	UUG 10
- 111	Dither conditions
12. Name Alasastan Areas	
107 1 0 1/1. / 1	(Include pregnancy within 3 months of death)
14. Malden name Landica & Deifefill	Major findings of operations.
∑ 15. Birthplace	Date of op.
16. Intermant to Island and Island	Autopsy results
Address Oxford Ray	22. VIOLENCE: If death was due to external causee, fill in the following:
17. Garial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. Occusions Date of Color Da
(Burial, cremation, or removal. Which?)	Where did latury occur?
Cemetery or crematory	(State)
Location Galeura Mod	Injured at home farm, Industry Audito place (where?)
18. Funeral director 9. E. Japan	Meane of Injury thjured at work?
Addrese Ripina Sunh	sel st or Vinolitall and
0: 1717	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Water Gull had Date signed Court 41



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LAINLY, WITH UNFADING INK. Supply every item of information carefull, The especially important. Physicians: please write the causes of death clearly and legib

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FOR BINDING

MARGIN RESERVER

41.

CERTIFICAT	TE OF DEATH Reg. Diat. No. 96
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Virginia County Pittsylvania Cily or town Danville (If outside city or town limits, write RURAL and give nearest town) Street No. Calhoun Street (If rural, give LOCATION) 2.(a) If veleran, name war. WW-I
3.(a) FULL NAME EDWARD LINDSAY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) flykyl, finglished, of gluggled White W	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 14th 19 48 10 March 9th 19 48 and that I last saw h im. alive on March 9th 19 48
8. AGE: Years Months Days It less than one day 54 1 7	Myocardial degeneration 14 days
9. Birthplace Virginia (Town, county, and state) 10. Usual occupation Textile Worker 11. Industry or business	Due to Tuberculosis, pulmonary, far advanced, active Unknown
Jim Lindsay - Deceased 12. Name Virginia	Other conditions Asthma, bronchia, severé 5 yrs.
14. Maiden name Sarah Coles - Deceased 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major fiadings of operations
16. Informant Hospital Records	Autopsy results. No autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Removal (Buriat, cremation, or removal, Which?) Cemetery or crematory Unknown	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Danville, Va. 18. Funeral director Lucius & Dav	Injured at home, farm, Industry, public place (where?)
Address Havre de Grace, Maryland 19. 20 10 19 48 Draw E. Daylor (Date rec'd by registrar) Registrar	Address VAH, Perry Point, Md. Bate signed 3-10-48

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BUREAU V. 8.

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: C. e /	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residuace of mother)
County	Slate MARYLANO County Cecil
Cily or town	01 11111
	City or town (If outside city or town limits, write RUKAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
UNION HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WALLACE LOGUE	Will hove toming
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	20. DATE DE DEATH March 2 19.48 21/19 4 A. M
6.(b) Name of husband or wife Emma LoguE	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
6.(O) AVINE Of RUSDANG OF WITC	24 8 18 48 10 March 2 19 48
6.(c) If allve, give ageyears	and that I last saw h Lin allve on Much 2 18 48
7. Birth date of deceased (mo., day, yr.) MARCH 14-1885	
8. AGE: Years Months Days If less than one day	Immediato cause ul death
62 11 19hrsmia.	A District
	Coming heat disease 3 weeks
s. Birinplace Chesapeake City Cecil, Md.	Due to
10. Usual occupation. ENGINEER	Due to
11. Industry or business	
12. Name FRANK LOGUE	Other conditions
12. Name TRANK LOGUE 13. Birthplace MARYLAND	
14. Malden name MARY ELLA WORTZ	(Include pregnancy within 3 months of death)
15. Birtholace ?? - MARYLAND ??	Major findings ut operations.
	Dale of op.
16. Informant HOSPITAL NECORS	Autupsy results
Address UNION HOSPITAL, ELKTON, MD	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Burial . Date thereot 3/5/48	Accident, suicide, or homicide
(Burial, cremation, or removal. While)	
Cemetery or crematory Delhel Mor Chesplane City.	Where did injury occur?
(he saseake lity, Md	Injured at home, farm, Industry, public place (where?)
Location	Moens of Injury Injured at work?
18. Funeral director	0 0 -10 /
Address Claton & Mil	1. DC Ell Howden 1: M.D.
Mar. 12 10 IRA	23. SIGNATURE MAD. or other
19. Mar 3 (Data pacid by pacietrar) Registrar	Address Chim, March Date signed 3/2/
(Date rec'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 8 1948

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cecil	State Maryland County Cecil
City or town Perryville, Rural (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 50 years	City or town Perryville, Rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILBUR WESTON NICKLE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE DF DEATH March 16 18.48 at 4 300 M
6.(b) Name of husband or wife Nargaret A.	21. I CERTIFY. that death occurred on the date affive stated; that I gittended daceaned from
	Deptember 1 9 4 10 March 16 19 78
7. Birth date of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that I last saw h. March 15 19 48.
deceased (mo., day, yr.) Oct., 17, 1872	Immediate cause of death
o. AGL.	arthritis Deferman 25 yrs
75 4 28hrsmin.	
9. Birthplace Rising Sun, Cecil Co., Md. (Town, county, and state)	Due 10
10. Usual occupation Engineer	
11. Industry or business B & O Railroad	Due to
11. Industry of Business	Diter conditions.
E 12. Name Semuel Cooley Nickle 13. Birthplace Cecil Co., Md.	
	(Include pregnancy within 8 months of death)
net 17 Historia Control	Major fiediogs of operations.
\$ 15. Birthplace Cecil Co., Md.	Date of op.
18. Interment Margaret a. Wilkle	Actorsy results
Huel :001 year (17-10	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Dale thereof 3-18-48 (month) (day) (year)	Accident, suicide, or homicide
Dringinia	Where did injury occur?
ochico, or architecture.	
Location Principio Furnace, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Law Co. Cal Fernany 45 B	Means of Injury Injured at work?
Address Cerry ville, Mid.	23. SIGNATURE J. J. Magraw
3/10 WE 7 10 0 to	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address / Leng ville , Md Date signed 3/17/48.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() 2676 Reg. Dist. No. 90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County CCC	(For newborn infants give residence of mother)
City or town. Hacks Gount Minus (If outside city or town limits, write RURAL and give nearest town)	State Mary and County
(If outside city or town limits, write RURAL and give nearest town)	City or town Hacks Goest Cural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Theresa E mma O The	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. White married	2D. DATE OF DEATH. March 8 1948 at 8 a
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	October 15 1847 to march 8 1948
7. Birth date of	40
7. Birth date of deceased (mo., day, yr.)	and that I tast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
d 19	lemantinge and Idays
//hrsmln.	thinkis 5 yel
9. Birthplace Pent Co. Ma.	Due to Cuterio scleroris
(Town, county, and atate)	En 100 tensin
1D. Usual occupation A Vallacinete	
11. Industry or business	Due to
90 : 1 : 1 : 1 : 1	
12. Name 12. Name	Other conditions
13. Birthplace Sermany	(Include pregnancy within 3 months of death)
# 14. Maiden name Marguelle Que Usolvy	Major findings of operations.
15. Birthplace Swoltzerland	
13. Billiplace	Date of op
16. Informant	Autopsy results
Marsa Carleville Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1944 March 11-1940	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cana tone onle louge	Where did injury occur?
Cemetery or crematory	
Location Alfra Mai	Injured at home, farm, Industry, public place (where?)
Edward & Hell ours	Means of Injury Injured at work?
18. Funeral director Co. W. J.	-0 \ 0 0 1.
Address Millington, Mar	or course & Vaprocki My)
m1 10 160 mb 4 011101	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Saleur Jud Date signed 3-9-48

MAR 12 1948

BUREAU V. S.



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02677

CERTIFICATE OF DEATH

Dist. No. 94

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	m
City or lown	State County County
	Gity or town (If cottside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(if watside city or town limits, write KOKAL and give nearest town)
nouphan, invitation, or vitou section made to the control of the c	Street No
Now long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME Edgaz allan	Pos
4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH March 12 1948 21 2 P M
Margaret Por	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	Jan - 21 1948 10 mak 1 2 1948
7. Birth date of	Na Property of the state of the
deceased (mo., day, yr.)	and that t last saw h 18.77.8
8. AGE: Years Months Days If less than one day	Immediair cause of death OURATION
5 3 1 12hrs. min.	
9. Birthplace (Town, county, and state)	Due to
10 House occupation of Contraction	***************************************
to, Usual occupation	Due to
f1. Industry or business	
12. Name 12.	Other conditions
\$ 13. 8irthplace Deste neigh	
«I C:D " (12 D)	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
₹ t5. Birthplace	Date of op.
MAD MARCOL +1P	Antopsy results.
16. Informant	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Dord of well-	22. VIOLENCE: If death was due to external causes, fill in the following:
17 By 201 Date thereof 11 2 15 1945	
(Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory The Company of	Where did injury occur?
Location NOUL & ETAIL SAME	Injured at home, farm, Industry, public place (where?)
18. Funeral director For Poly A T - Francisco	Misens of Injury Injured at work?
Address Mitth East Wid	PBF.
AUUTESS OF THE STATE OF THE STA	23. SIGNATURE M. D. or other
18. 3/3- 18 48 Sida V. Civil	Address north East me signed 3-13, 48.
(Date rec d by registrar)	AUUTESS

MAR 1 1948

BUREAU V. S.



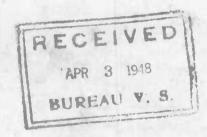
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or lown	State Maryland & County County
(If outside city or town limits, write RURALLy if give fearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) 1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
fille It Tosler	
1. Soft S. Color or race S. (a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. MARCH 31- 19.48, at 9.254
A(b) Name of husband or wife albert Jaylor	21_1 CERTIFY that death accurred on the date above stated: first attended decased from
6.(c) If take give age yea	ars and that I last saw h LK alive on March 300 1945
7. Birth date of deceased (mo., dsy, yr.) unl 2-8 - 1904	Immediate cause of death
8. AGE: Years Months Days It less than one day	Coronic Myoralaka
lenn	Due fo.
9. Birthplace	
1D. Usual occupation	Due to
11. Industry & business 12. Name Object / poles	Other conditions
13. Birthplace Tunknown	(Include pregnancy within 3 months of death)
14. Maiden name Nellie Costes 15. Birthplace Monknown	(Include pregnancy within a months of death) Major findings of operations
15. Birthplace Trokenovon	— Date of op.
16. Intermant Sila deceased	Actopsy results
Address	22 VIOLENCE, If death was due to external eauses fill in the following:
17. Burial, cremation, or removal. Which?) Bale thereof. (fagnth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Milwerk Dul	Where did injury occur?
Location In miniment out	Injured at home, farm, Industry, public place (where?)
18. Funeral director. J. J. Jones	Meens of Injury Injured at work?
Address mewast Du	- 23 SIGNATURE CE FUND might - Myn,
19 Cepred 19 48 FRStager (Date fee'd by registrar) Registry	EDIALOR - 202 M. D. Sther 145
I (Detente d by (Chiata)	Had very million and the second secon



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2411 N. Charles St., Baltimore

02679

CERTIFICATE OF DEATH

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	Reg. Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State County Clity or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Laura Frances.	Rea. 3. (b) Social Security Number
Sex J. Scolor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. March & 9 1948 11030
(b) Name of husband or wightelliam rea. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) St. 27. 1876.	and that I last saw halive on
3. AGE: Years Months Days It less than one day	Geule Goronary.
. 8 irthpiace Roch Spuis Md. (Town, county, and state)	Due to Musicali
D. Usual occupation. Duracufl	Oue to
12. Name Daknovd: Md.	Dther conditions
14. Maiden name Rebeer a Councilman 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
Wm (dea.	Autopsy results.
Address of the foat ma.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Burial, cremation, or removal. Which?) Date thereof Jank (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or oromatory Bushallus	Where did Injury occur?
Location L. E. Typen:	Means of injury injured at work?
Address Bising Sun Md.	23/SINATURE LE DOCLAOUMUN GECIL COUR
filch 31-18+8 Zmmmigh	M. Rung Sun Md 1210 state of 24 - 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisespecially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02680

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newOpen infants give residence of mother)
of very lown Eccliston	State Quely County
How long in above place of death?	City or town
Hospital, justifulion, or street address where death occurred.	Mreel No.
Sum Hygra amun	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
Shela Bal le	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MICHIGAN 6 1548 21 8 4.
	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) W30 [942.	and that I last saw halive on19
8. AGE: Years Months Days If less than one day	Immedian cause of death DURATION
- Control Control Min.	Lobar meumona
9. Birthplace	Due 10
10. Usual occupation elected	Due to
11. Industry or business ay ne Rector	Diher conditions.
12. Name Dayne Veetor 13. Birthplace of auto: n. C.	
E 14. Maiden name Edith H gracey	(Include pregnancy within 3 months of death)
15. Birthplace With East Md.	Major findings of operations
16. Informant Bay se Neettr.	Autopsy results
Address north East My.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17 Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
2 +19 4	MI
Cemetery or crematory	(City or town) (County) (State)
Location Day Day	Means of injury Injury
18. Funeral director	(1) On A O A O O Codical Examiner
Address Riving Jun Mod,	13 SIGNILLO COUNTY COCK COUNTY
19. Mar 6 19 489 TK Drage. (Date red by registrar) Registrar	Levery Sur Well Date Seed - 6-48

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BUREAU V. S.



2411 N. Charles St., Baltimore

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02681

CERTIFICATE OF DEATH

leg. Diat. No.....

	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME CHANGE Sex 5. Color of race 6. (a) Single, married, widowed, or divorced	Reley 3. (b) Social Security Number
4. Sex 7 S. Color or race S. (a) Single, married, widowed, or divorced mutual married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Maule 19 18 48 at 2.45
6.(b) Name of husband or wife Alway Ruley	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of C. (c) If allive, give age	and that t last saw h
8. AGE: Years Months Days if less than one day	Immediate cause of death Council DURATION
8. Birthplace Lancastu Pa. Sown, county, and state)	Oue fo.
10. Usual occupation	Oue fo
12. Name July Myers. 13. Birthplace Xaucaster Da.	Other conditions
14. Maiden name. Elizebeth. 15. Birthplace / Leviliebry	(Include pregnancy within 8 months of death) Major fiedings of operations
₹ 15. Birthplace	
Address Ramy our Md'	Actopsy results PHYSICIAN: Please coderline the caose to which death should be charged statistically.
17. Bund (Burial, cremation, or removal, Which?) Oats thereof Man 23, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cametery or exemetory Pleasant Lrove Pa,	Where did Injury occur?
Location Pleasant Trove	Injured at home, farm, industry, public place (where?)
18. Funeral director C. Tyson Address Pusing Sun Md.	Means of Injury Injured at work? Medical Examiner A County Medical County
18 Mch 29 19 48 Zom Montherington (Dato ree'd by registrar)	Addres Lieny Sem M. D. or other Addres Lieny Sem Modate signed 3 4 5 4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 23 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

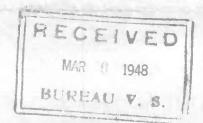
, Battimore 811

CERTIFICATE OF DEATH

02682

Reg. Dist. No. 90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newform infants give esidence of mother)
County County (1997)	Siate Md. Contr Cecul
(If outside city or town limits, write RURAL and give nearest town)	City or town Celetton Punal.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospiial, Institution, or street address where death occurred:	Street No.
Sure land Sandhal on Institution 2	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
madeline Se	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of cal single	20, DATE DE DEATH Mauch 1 148 at 330Gm
	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from
8,(b) Name of husband or wife	
7. Birth date of Solution (Control of the Control o	and that t last saw halive on
deceased (mo., day, yr.)	Immediair sause ef death DURATION
3. AGE. 2 2 1 A	Llow mission
3 3 QUhrsmin.	
9. Birthplace (Town, county, and state)	Due to Official Confidence
0/11/1	Charge
10. Usual occupation.	Due to. Quality was a series of the series o
11. Industry or business	
12. Name Jelles Ling Oca.	Other conditions
a 1./ + e Ool Deads	(Include pregnancy within 3 months of death)
E 14. Maiden name / Cauch X James	Majer findings of operations
2 15. Birthpiace leul leoi	Date of op.
16. Informant Delbuy Sevet	Autopsy results
Address Secution Md.	PHYS1CIAN: Please underline the cause to which death should be charged statistically
17 Burial Date thereof March 5/948	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lake Lake Lake Lake Lake Lake Lake Lake	Where did Injury occur?
Location for the first of the state of the s	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Edwarf Hellow	Means of Injury Injured at work?
milli- 1- ml	IN Ohmel a Mills Magnes Examine
Address / Military on / 2/1/1	SO SIGNATURE County
19. Mar July 19 48 Ming Harold It Clayrey (Date rec'd by registrar)	(Recent Sens mel 3 1-46
(Date rec'd by registrar)	Address



2411 N. Charles St., Baltimore

02683

CERTIFICATE OF DEATH

CERTIFI	ICATE OF DEATH Reg. Dist. No	92		
1. PLACE OF DEATH: Ounty Old City or town (If outside city or town limits, write RURAL and give nearest tow How long in above place of death? How long in hospital, institution, or street address where death occurred. How long in hospital or institution? 3. (a) FULL NAME June Arm Skockley	Street No. (If outside city or town limits write RURAL and give to the street No. (If rural, give LOCATION)	State City or town (If outside city or town limit) write RURAL and give nearest town) Street No		
How long in hospital or institution?	3. (b) Social Securit			
4. Sex Color or race 6.(a) Single, married, widowed, or divorced surface surface	21. I CERTEY that death occurred on the date above stated: that I attended de	A 7.30 P.		
6(b) Name of husband or wite 7. Birth date of 7. Birth date of	years and that I last saw her alive on March 4	194 D		
R ACF. Years Months Days If less than one day	Immediate gase of death populary	about 2		
9. Birthplace	Due to.			
11. Industry or business 12. Name Junior Stell alley 13. Birmpace Unquice Some Some Some Some Some Some Some Som	Dither conditions			
14. Maiden name June ann Stockley 15. Birthpiace Delaware	Major findings of operations			
13. Birthplace lune arm shockley 14. Maiden name lune arm shockley 15. Birthplace Allowere 16. Informant Mock June and Shockley Address water St Okton Ma 17. Burnal Date thereof more 16. 14	Antopsy results	ed statistically.		
(Burial, cremation, or removal, which)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide	**************		
Commetery or crematory Comments of the Comment	Injured at home, farm, Industry, public place (where?)	(State)		
18. Funeral director. Huttingfrim Address Cistion, Wild.	Means of injury Injured at work? T. H. Methoght M	, D.		
1. Mar 16 10 48 FRJ. 1632	73. SIGNATURE	3/15/48		

MARGIN RESERVED FOR BINDING

MAR 17 1948 BUREAU V. S.

CERTIFICATE OF DEATH

(12684 Reg. Dist. No. 96

0/4/	1. PLACE OF DEATHY	(For newborn infents give residence of mother)
i ne	County Pat Detroit (1911) al.	State Va. County Lauceusler
ly. 'I d legi	City or town	City or town Lancaster
eful y an	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
on care clearly		Street No. 33 6 (If rural, give LOCATION)
on clea	How long in hospital or institution?	2.(a) If veteran, name war
ormation death cle	3. (a) FULL NAME ieut Walter Els	en Suith 3. (b) Social Security Number
n of infuses of	4. Sem - 5. Color or race 6.(a) Single, married, widowed, or divorced Deviced	MEDICAL CERTIFICATION 20. DATE OF DEATH MICHIGAN 28 19 48 21 20 M
iten	S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
the		
eve	7. Birth date of deceased (mo., day, yr.) / may 1918	and that 1 last saw hallve on
upply ase wi	8. AGE: Years Months Days If less than one day	Immedia cross of death to Coronces OURATION
Supl	29 10 27hrsmin.	diecel
K. pl	8. 9 irthplace Lamouster Penna.	Oue 10
INK ans:	(Town, county, and state)	
ADING INK Physicians:	Tu No	Due 10
Phy	11. Industry or business (1. S. army	
NF.	12. Name and an arm (at phesent)	Other conditions
WITH UNF		(Include pregnancy within 8 months of death)
HE	14. Maiden name un house (ut present)	Major fiedings of operations.
W ii	ON SOLI I INSTANCO	
LY	Address Registrar - Station Horstel B. P.b. Ma	Actopsy results
PLAINLY, is especially	1 her her so roll	22. V10LENCE: If death was due to external causes, fill in the following:
PL/	(Burial, crentation, or removal. Which?)	Accident, suicide, or homicide
邑	Cemetery or exematory Staff Assess Attack	Whers did injury occur?
WRIT	Location Large aster Clarinas	Injured at home, farm, Industry, public place (where?)
	18. Funeral director toward K. Mo borneston	Mesns of lajury Injured at work?
PLEASE	Address abenghon maryland	Millwockson haver Gecil County
PL	19 april 3/1948 Frence E. Danghers (Ditte rec'd by registrat)	Triong Sun med Date 3/25-48

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APR 6 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

02685

CERTIFICATE OF DEATH

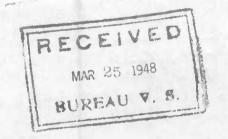
Reg. Dist. No	42

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Classification County Classific
How long In hospital or institution? 12 Games	Street No
3. (a) FULL NAME Arthur M & Dratt	3. (b) Social Security Number 2 18-69-19 15
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Mare La 1948, 214 a
S.(b) Name of husband or wife S.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) 8. AGE: Years Moyths Days If less than one day 8. AGE: Years Moyths Days If less than one day 8. AGE: Years Moyths Days If less than one day 8. AGE: Years Moyths Days If less than one day	Immediair cause of death Uas culou Collapse 12 hrs.
9. Birthplace andors Cecil Co, Marylons 10. Usual occupation. Fireman	Third degree hums of
11. Industry or business Dapu will 12. Name William H Spratt 13. Birthplace	underdung genetals and hutake
13. Birthplace 14. Malden name Martha E. Jamios 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant	Antopsy results
Address Elelon R 95 mg/ 17. (Burial, cremation, or remain Which?) Date thereot 3-24-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory. Sharps Location Fair till Crif & Md	Where did Injury occur? (City or town) (County) (Stat) Injured at home, farm, industry, public place (where?) Injured at work?
18. Funeral director	23. SIGNATURE One ford H. Sprecher, M.O.
19. Mar v 4 19 48 The Frague	Address & late who dacting Catandel or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE/WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

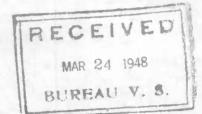
CERTIFICATE OF DEATH

1. PLACE OF DEATH O	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Man Loudy Level
City or town	City or town Elleton Remail
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal Institution, or street address where desth oppured:	Street No
5/11/1/20	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3.(a) FULL NAME Joseph Hopkin	o Taylor. 3. (b) Social Security Number
4. Sex) 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In flette midorser.	20. DATE DE DEATH March 20 1948, 215.454
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18, 10
7. Birth date of deceased (mo., day, yr.) Sept 1.1870	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immedial cause of death DURATION
77 6 / 9hrsmin.	Ale- Invite Villa
Wernest to ma.	
9. Birthplace (Town/county, and gtate)	Due to Drynx audilis
tD. Usual occupation	Due 1c.
1†. Industry or business	000 (0
E 12. Name James Taylor	Dther conditions
13. Birthplace — O	
14. Maiden name amande Gostan	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
	Dale of op.
16. informant Mourice Underson	Autopsy results
Address Elplan Mds	22. VIOLENCE: tt death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Buch he to Tan	Where did labory occur?
Cemetery or crematory.	
Location Collection Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Salth M Gaed	Means of Injury Injured at work?
Address Pising Sun md	13 SIGNAL OCISON BULL TO Cocil County
19. May 22 19. 48 J FR Frager (Date rec'd by registrar) (Date rec'd by registrar)	Addres Pleasing Sun Mid Date 120-48
Degional	

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE





2411 N. Charles St., Baltimore

02687

CERTIFICATE OF DEATH

,			CERTIFICA	ATE OF DEATH	Reg. Diat. No	96
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DEC (For newborn Infants give residence of mother) State Pennsylvania County Philadelphia City or town limits, write Street No. 5825 Willows Avenu (If rurat, give LOCAT WW-I 2.(a) If reteran, name war. 3.4	Philadelph RURAL and give no	esrest town)
			VALENTE			
4. Sex	5. Color or race	8.(a)61/g	e, married, yligbyed, or stiyorsed	MEDICAL CERTI	FICATION	
Male	White	1	Married	20. DATE OF DEATH March 23rd	19 48	4:25 I
****	24 013		c) If alive, give agey	21. I CERTIFY that death occurred on the date above state July 11th and that I last saw h im alive on M Immediate cause of death	March 23rd	23rd 19 48
8. AGE: Year 54	rs Months	Days 14	11 less than one day	Pneumonia, bil.,	lobular	2-3 day
9. Birthplace			nn . state)	111		
10. Usual occupation			•••••	Oue to Ulcer of stomach		Unknow
12. Name	Michael Va	alente		Other conditions Adenocarcinoma, le Arteriosclerosis, genera	ft kidney	Unknow
14. Maiden name	Unknown Italy			Major findings of operations Same as abo	we	
16. Informant	Hospital F			Autopsy results. Same as above PHYSICIAN: Please underline the cause to which dea	ath should be charged	
Cemetery or crema	l in, or removal. Which? tory Woodla d Ave., W. P	nds	eof 3-24-48 (month) (day) (year) Penn.	22. VIOLENCE: If death was due to external causes, fill Accident, suicide, or homicide	(County)	(State)
18. Funeral director	Vre de Grad		Ant Rom	Means of tnjury (1-E. Deb	Injured at work?	- gr
	2 - 19	9	E Slagk	23. SIGNATURE A.E. TROLLINGER, MD. Address. VAH, Perry Point, Md.	Date signed	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

02688

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State County County
How long in above place of death? Difution	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
Mary Whilaker	West home
4. Sex 5. Color or race 6.(a) Signe married, widowed, or divorced	MEDICAL CERTIFICATION
tend white basiste	20. DATE DE DEATH 26 March 1948 12:20 P. M
1 May Will tougy	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 19.46, 10 March 19.48
7. Birth date of	and that I last saw h. E.t. alive on 26 Morch 19.48
deceased (mo., day, yr.) R ACE. Years Months Bays If less than one day	Immediais cause of death
8. AUE:	Pulmonary Edema 30 min.
13 11 /6hrsmin.	
9. Birtholace Truth East Cintle Ma	Due to
Stown, county, and atate)	Arterio sclerotic Heart Disease Syears
10. Usual occupation Island Jeache	
tt. Industry or business. Relative	Due to
	Other conditions Hyper tensive Cardiovascular ?
12. Name West Worth Fresh Mod	// // // // // // // // // // // // //
	(Include pregnancy within 8 months of death)
14. Maiden name Carrysbell 15. Birthplace Grand Max	Majur fiadiaga of uperations.
15. Birtholace Princes and Med	
	Date of op
16. Informant Ms Hack tockler	Autupsy results
Address horth Cast no	
17 Bury Dale thereof 3-29-48	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
has the Cart has	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	1/4 4 4 4 1
Address murch Carl ha	Blaus H Toucher M.D.
4 20 0 10	23. SIGNATURE M. D. or other
(Date red by registrar) (Date red by registrar)	Address North East, Mc Date signed 24 Harch 48

APR 1 1948
BUREAU V. S.

02689

2411 N. Charles St., Baltimore

CERTIFICA	ALE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: CECTL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? L month 25 days	State Karyland County
Hospital, Institution, or street address where death occurred: VAH, Perry Point, Md. How long in hospital or institution? Same as above	Street No. 1850 Eagle St. Baltimore, Md. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME AUSTIN WILKINS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Negro Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 30th 19 48 31 8 A
8.(b) Name of husband or wife Rosie Wilkins 6.(c) If alive, give age Unkn. 7. Birth date of deceased (mo., day, yr.) November 16, 1891	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5th 1548 10 March 30th 19.48 and that I last saw h. im. alive on
8. AGE: Years Months Days If less than one day 10. Months Days If less than one day Months Days If less than one day Months Days If less than one day Months Mars.	Immediate cause of death
	Adenocarcinoma of stomach with
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Freight Handler 11. Industry or business 12. Name Unknown 13. Birthplace	Due to
14. Maiden name Unknown 15. Birthplace	(Include pregnancy within 3 months of death) Same as above
16. Informant Hospital Records Address VAH, Perry Point, Md.	Actopsy results. No autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore National Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Havre de Grace, Maryland	Injured at home, farm, industry, public place (where?) Msans of injury Injured at work?
19. Land 21 19 48 Janua E Dangler (Date ree d by registrar)	23. SIGNATURE A. E. TROLLINGER, M.D., Chf. Profess. Ser VAH, Perry Point, Md. Date signed 3-31-48

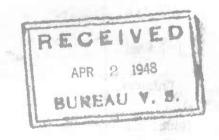
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MARYLAND STATE DEPAR	RTMENT	OF.	HEALTH
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2411 N. Charles St., Baltimore

HIM No. G 11 CERTIFICATE OF DEATH 5 APR 16 1948

Evidence for change of

02690 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
(If outside city or town limits; write RURAL and give nearest town)	State County County		
How long in above place of death? 3 Alakang	City or town		
Mospital, Institution, or street address where Neath occurred:	Street No. 1 2 2 Collins Street		
and the state of t	(If rural, give LOCATION)		
How long in hospital or institution? 2.(a) If veteran, name war World War			
3. (a) FULL NAME	3. (b) Social Security Number		
Horace M- Willis	1195-05-2911		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored X	20. DATE OF DEATH. March 2 1 19 48 at 6 A M		
6.(b) Name of husband or wife Clara William	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
. 1 H	march 14 18 45 to march 21 19 400		
7. Birth date of deceased (mo., day, yr.)	and that I tast saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
5556hrsmin.	Cardia Asthma 7 years		
9. Birthalace Chester Se.			
9. Sirihplace (Town, county) and state)	Due to		
10. Usual occupation laborer	Las: Mygradute		
11, Industry or business	Due to		
12. Name. Sacol (1) illis 13. Birtholace	Other conditions		
\$ 13. Birthplace O Harrisonus Da	•		
E 14. Malden name UniRecord	(Include pregnancy within 8 months of death)		
15. Birthplace	Major findings of operations		
C A C C A C	Date of op.		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address & College Street Spirit			
(Burial, cremation, or removal, Whieh?)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide		
Demetery or crematory (City or town) (County) (State)			
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Call Sels	Means of Injury Injured at work?		
Address 909 Poplar of Wel Del	100		
man 22 10 71171	23. SIGNATURE. M. D. or other		
(Date ree'd by registrar) (Bate ree'd by registrar) (Bate ree'd by registrar)	Address IST (Les St Elles Water street 3/23/45		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02691

CERTIFICATE OF DEATH

O.			
	Reg. Dia	t. No	96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Cecil	State Virginia County Frederick		
City or fown. Perry Point. (If outside city or town limits, write RURAL and give nearest town)	City or town. Winchester (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 6 mos. 4 days			
Hospitat, Institution, or street address where death occurred:	street No. 116 W. Germain Street		
VA Hospital, Perry Point, Md.	(tf rurai, give LOCATION)		
How long in hospital or institution? Since Aug. 1, 1947	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
WISECARVER, Herbert	Unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white Single	20. DATE OF DEATH March 28, 1948 1 2:45 AM		
	21. I CERTIFY that death occurred on the date above stated: that I attended decoased from		
S.(b) Name of husbaod or wife	September 24, 19 47 10 March 28, 19 48		
7. Birth date of	and that I last saw h im alive on March 28, 1948		
deceased (mo., day, yr.) March 12, 1893	Immediate cause of death.		
8. AGE: Years Months Days If less than one day	Pneumonia, hypostatic 3 days		
55 0 16min.			
9. BirthplaceVirginia. (Town, county, and state)	Due to Cerebral and general artério-		
	sclerosis		
1D. Usual occupation	Due 10		
11. Industry or business			
12. Name Unknown - deceased 13. Birthplace Unknown	Other conditions		
	Fracture, right hip. (Include pregnancy within 3 months of death)		
Unknown - deceased			
Unknown - deceased 14. Maiden name Unknown 15. Birthplace Unknown	Major Endings of operations.		
16. Informant Hospital Records	Antopsy results		
Address VA Hospital, Perry Point, Md.			
	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident suicide or homicide County Date of 12/21/47		
17. Removel Date thereof Mar. 28,1948 (mouth) (day) (year)	Modificall shipsed of themselectual		
Cemetery or Jepajon Mt. Hebran	(City or town) (County) (State)		
Winchester, Va.	Injured at home, farm, industry, public place (where?)		
3 6	Means of Injury Fall - Injured at work?		
18. Funeral director OMPS FINERAT, HOME	12/10000		
Address 455 N. Loudon St., Winchester, Va.	2 SIGNATURA TO THE COLUMN		
18. Funeral director OMPS FUNERAL HOME Address 455 N. Loudon St., Winchester, Va. 19. March 28. 19. 48 Jrane 8 Dough	A.E. TROLLINGER M. D. Chief of Prof		
(Dote rec'd by registrar)	A.E. TROLLINGER, M.D., Chief of Prof. Sycs. Address. VAH, Perry Point, Md. Date signed 2. Sans		



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1. PLACE OF DEATH:

How long in above place of death?... Hospital, Institution, or street addre

How long in hospital or Institution? 3. (a) FULL NAME

6.(b) Name of husband or wife

46

City or town.

4. Sex

7. Birth date of deceased (mo., day, yr.) Years

8. AGE:

9. Birthplace.

16. Informant

Address

Location

(Burial, cremation, or repr

18. Funeral director. Co. du

(Date rec'd by registrar)

Cemetery or crematory

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1D. Usual occupation...... 11. Industry or business

12. Name 13. Birthplace 14. Maiden na 15. Birthpiace 14. Maiden name.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02692

M. D. or other

Date signed 3-4-48

Chegary Address.

23. SIGNATURE

CERTIFICA	IE OF DEATH	Reg. Diat. No	7.0
or town limits, write RURAL and give nearest town) H. Months ss where death occurred:	Streel No. 823	County	eareat town)
ace B. York.		3. (b) Social Security	Number **
Supred Japued Layton Jake Sicol It alive, give age years Stuary 2 - 1902 Is Just It less than one day The supred Japued Japu	and that I last saw h	ne dale above stated; that I attended doc	eased from
ton whitington illor	Majur findings of operations	within 3 months of death) Dale of op.	
Bate thereof March 8-1948 Which Cem. (Col.) (day) (year)	22. VIOLENCE: If death was due to e Accident, suicide, or homicide Where did injury occur?	or town) (County)	(State)
vard Fellows	Means of Injury	Injured at work?	
instance mal.	20) (V 0: 1	1. N

